

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)

IN THE CASE OF

UNITED STATES

V.S.

Cruz

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Jose Luis Cruz

CHARGE/OFFENSE (describe if applicable & check box)  Felony  Misdemeanor

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS

Magistrate

District Court

CRO4-10149-RWZ  
Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	IF NO, give month and year of last employment How much did you earn per month? \$ _____
	Name and address of employer: Last work 6 months ago, working about 250 wk	
	IF YES, how much do you earn per month? \$ _____	
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	IF YES, how much does your Spouse earn per month? \$ _____	
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CASH	RECEIVED	SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	_____
	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	_____
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VALUE DESCRIPTION
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	
	_____	

DEPENDENTS	MARITAL STATUS SINGLE MARRIED WIDOWED SEPARATED OR DIVORCED	Total No. of Dependents	List persons you actually support and your relationship to them	
			_____	_____
			_____	_____
			_____	_____
			_____	_____

OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	CREDITORS	
			Total Debt	Monthly Paymt.
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

5-18-04

FINGERPRINTURE OF DEFENDANT  
In Open Court PERSON REPRESENTED)

USDC, Mass.

Date 5-18-04

By C. B.  
Deputy Clerk